## UNITED STATES
### DEPARTMENT OF THE INTERIOR
### BUREAU OF LAND MANAGEMENT
### ALASKA FIRE SERVICE
### DIVISION OF FIRE OPERATIONS
### TIME REPORT

**Employee's Name**

**Organization Code**

### LLAK9F5____

**Dates Covered**

### Remarks
Use for hazard ,excess hours and exempt vs. nonexempt justifications and any other explanations to timekeepers. Any leave used for three consecutive days or more requires a leave slip ( SF-71).

| DATE | START TIME | STOP TIME | HAZARD DUTY (X) | LF10000PPHT0000 | (fire #) cost code | (fire #) cost code | (fire #) cost code | (fire #) cost code | (fire #) cost code | (fire #) cost code | (fire #) cost code | (fire #) cost code | (fire #) cost code | Time Keeper Section |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| **Totals** | | | | | | | | | | | | | | |

**Employee Signature**

**Approval Signature (Supervisor)**

IC Signature (×9, one per cost code column)

____**Hazard** due to uncontrolled fire line on  fire # _____

____**Hazard** due to helicopter hoover hook-up on fire # _____

____**Hazard** due to work in rough/ remote  terrain on fire#_____

____**Hazard** due to low-level flight on  fire#_____

____**Hazard**  due to _____ onfire #_____

____**Exceeded 2:1** work/ rest ratio on fire #_____ due to _____

____**EXEMPT** worked as a non exempt employee as a _____assigned to emergency wildland fire activities or required to augment staffing level to enhance short term suppression capability on fire# _____     Dates:

____**EXEMPT** employee worked in non-exempt position _____ or during initial attack on fire # _____    Dates:

⇨ Convert Overtime to Comptime

### Example of a Complete Charge Code:

**Cost Center- Work Breakdown Structure- Functional Area**

BASE- LLAK9F5XXX  LF10000PP HU0000 LFSPXXXX0000
ex. LLAK9F5300 LF10000PP HU0000 LFSPF1RE0000

OT-    LLAK9F5XXX LF20000SP HU0000 LFSPXXXX0000
ex. LLAK9F5300 LF20000SP HU0000 LFSPF1RE0000